

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/890665

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.						
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TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADVERTISEMENTS

BEST AVAILABLE COPY

<div style="font-size: 2em; font-family: cursive; margin-bottom: 10px;">292</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">CLAIMS ONLY</div>	SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">09/890,665</div>	FILING DATE
APPLICANT(S)		

CLAIMS						
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	★		★		★	
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↙		↙		↙
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

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